| TRANSMITTAL FORM | | Application No. | 09/874,098 | | | | | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|----------------------------------------------|-------------------------------------------------------------------|--|--|--|--|--|--|--|--|
| I RANSIVIII IAL F | OKIVI | Filing Date | June 4, 2001 | | | | | | | | |
| (to be used for all correspondence aft | er initial filing) | First Named Inventor | Wei William Wu | | | | | | | | |
| | | Art Unit | 2661 | | | | | | | | |
| | | Examiner Name | Sam, Phirin | | | | | | | | |
| Total Number of Pages in This Submission | on 9 | Attorney Docket Number | 5043P010 | | | | | | | | |
| ENCLOSURES (check all that apply) | | | | | | | | | | | |
| After Allowance Communication | | | | | | | | | | | |
| Fee Transmittal Form | Drawing(s) | | to Group | | | | | | | | |
| Fee Attached | Licensing-re | elated Papers | Appeal Communication to Board of Appeals and Interferences | | | | | | | | |
| Amendment / Response | Petition | | Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) | | | | | | | | |
| After Final Affidavits/declaration(s) | Petition to O Provisional | Convert a Application | Proprietary Information | | | | | | | | |
| Extension of Time Request | Power of Al Change of 0 | torney, Revocation Correspondence Address | Status Letter Other Enclosure(s) (please identify below): | | | | | | | | |
| Express Abandonment Request | Terminal D | isclaimer | | | | | | | | | |
| Information Disclosure Statement | Request for | Refund | -Return receipt postcard (1) | | | | | | | | |
| PTO/SB/08 | CD, Numbe | er of CD(s) | | | | | | | | | |
| Certified Copy of Priority Document(s) | | | BECEIVED | | | | | | | | |
| Response to Missing Parts/ Incomplete Application Remark | | | AUG 1 8 2004 | | | | | | | | |
| Declaration/POA | | | | | | | | | | | |
| Response to Missing Parts under 37 CFR 1.52 or 1.53 | | | Technology Center 2600 | | | | | | | | |
| SIGNATURI | E OF APPLICAN | IT, ATTORNEY, OR A | GENT | | | | | | | | |
| Firm Thomas M. Coester, Reg. No. 39,637 | | | | | | | | | | | |
| or Individual name BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP | | | | | | | | | | | |
| Signature Thomas Colste | | | | | | | | | | | |
| Date August 10, 2004 | | | | | | | | | | | |
| CERTIFI | CERTIFICATE OF MAILING/TRANSMISSION | | | | | | | | | | |
| I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. | | | | | | | | | | | |
| Typed or printed name Susan Masarrette | | | | | | | | | | | |
| Signature | mette | | Date August 10, 2004 | | | | | | | | |

Application No.

09/874,098

| FEE TRANSMITTAL | | | Complete if Known | | | | | | | |
|-------------------------------------------------------------------------------------------------------------|--------------|---------------------------------|-------------------------|-------------|--------------------------------------------------|---------------------------------|------------------|-------------|--|--|
| CHANGINI I AL | | Application Number 09/874,098 | | | | | | | | |
| for FY 2004 | F | Filing Date Jun | | | | ne 4, 2001 | | | | |
| Effective 10/01/2004. Patent fees are subject to annual revision. | | | First Named Inventor W6 | | | | Vu | | | |
| Applicant claims small entity status. See 37 CFR 1.27. | | | Examiner Name San | | | | | | | |
| TOTAL AMOUNT OF DAVMENT (C) | | | Art Unit 20 | | | | | | | |
| TOTAL AMOUNT OF PAYMENT (\$) 0. | .00 7 | Attorney [| Docket | No. | 5043 | P010 | | | | |
| METHOD OF PAYMENT (check all that apply) | | | FF | E CALCULAT | ION (continu | ed) | | | | |
| METHOD OF FATMENT (check all that apply) | | 3. ADDITIONAL FEES AUG 1 8 2004 | | | | | | | | |
| ☐ Check ☐ Credit card ☐ Money ☐ Other 🛣 None | J . A | | IIAL | rels | • | | ••• | | | |
| Deposit Account | | e Entity | | II Entity | <u>.</u> | Te | chnology | Center 260 | | |
| Deposit [| Fee Code | Fee (\$) | Fee Code | Fee (\$) | Fe- | e Description | ,0111101097 | FeePaid | | |
| Account Number 02-2666 | 1051 | 120 | 2054 | ee | | • | | 166.20 | | |
| | 1051 1052 | 130 50 | 2051 2052 | 65 25 | Surcharge - late filing Surcharge - late prov | • | | | | |
| Deposit Account Name Blakely, Sokoloff, Taylor & Zafman LLP | | | | | cover sheet. | - | | | | |
| | 2053 | 130 | 2053 | 130 | Non-English specifica | | | | | |
| The Commissioner is authorized to: (check all that apply) | 1812 | 2,520 | 1812 | 2,520 | For filing a request fo | · · | nation | | | |
| Charge fee(s) indicated below Credit any overpayments | 1804 | 920 • | 1804 | 820 . | Requesting publication Examiner action | on of SIK phor to | | | | |
| Charge any additional fee(s) or underpayment of fees as required under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20. | 1805 | 1,840 * | 1805 | 1,840 | | on of SIR after | | | | |
| Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account | | | | | Examiner action | Maria Cara an arab | | | | |
| | 1251 | 110 | 2251 | 55 | Extension for reply w | | | | | |
| FEE CALCULATION | 1252 | 420 | 2252 | 210 | Extension for reply wi | | | | | |
| 1. BASIC FILING FEE | 1253 | 950 | 2253 | 475 | Extension for reply wi | | | | | |
| Large Entity Small Entity Fee Fee Fee Fee Fee Description FeePart | 1254 | 1,480 | 2254 | 740 | Extension for reply w | | | | | |
| Fee Fee Fee Fee Fee Description Fee Fee Fee Fee Fee Fee Fee Fee Fee Fe | . 1255 | 2,010 | 2255 | 1,005 | Extension for reply w | ithin fifth month | | | | |
| 1001 770 2001 385 Utility filing fee | 1404 | 330 | 2401 | 165 | Notice of Appeal | | | | | |
| 1002 340 2002 170 Design filing fee | 1402 | 330 | 2402 | 165 | Filing a brief in suppo | ort of an appeal | | | | |
| 1003 530 2003 265 Plant filing fee | 1403 | 290 | 2403 | 145 | Request for oral hear | ing | | | | |
| 1004 770 2004 385 Reissue filing fee | 1451 | 1,510 | 2451 | 1,510 | Petition to institute a | public use proceedi | ing | | | |
| 1005 160 2005 80 Provisional filing fee | 1452 | 110 | 2452 | 55 | Petition to revive - un | avoidable | | | | |
| SUBTOTAL (1) (\$) | 1453 | 1,330 | 2453 | 665 | Petition to revive - un | ition to revive - unintentional | | | | |
| | 1501 | 1,330 | 2501 | 665 | Utility issue fee (or re | eissue) | | | | |
| 2. EXTRA CLAIM FEES Extra Fee from | 1502 | 480 | 2502 | 240 | Design issue fee | | | | | |
| Claims below FeePaid | 1503 | 640 | 2503 | 320 | Plant issue fee | | | | | |
| Independent 9 20 0 X 18.00 \$0.00 | 1460 | 130 | 2460 | 130 | Petitions to the Comr | missioner | | | | |
| Claims <u>2</u> 3 0 X 86.00 | 1807 | 50 | 1807 | 50 | Prosessing fee under | 37 CFR 1.17(q) | | | | |
| Muttiple Dependent = | 1806 | 180 | 1806 | 180 | Submission of Inform | nation Disclosure S | tmt | | | |
| Large Entity Small Entity | 8021 | 40 | 8021 | 40 | Recording each pater property (times numb | | | | | |
| Fee Fee Fee Fee <u>Fee Description</u> Code (\$) Code (\$) | 1000 | 770 | 4000 | 385 | Filing a submission af | | | <u> </u> | | |
| 1202 18 2202 9 Claims in excess of 20 | 1809 | ′′0 | 1809 | 300 | (37 CFR § 1.129(a)) | no mangouon | | | | |
| 1201 86 2201 43 Independent claims in excess of 3 | 1810 | 770 | 2810 | 385 | For each additional in | | | | | |
| 1203 290 2203 145 Multiple Dependent claim, if not paid | | _ | | | examined (37 CFR § | | | | | |
| 1204 86 2204 43 **Reissue independent claims over original patent | 1801 | 770 | 2801 | 385 | Request for Continue | • | Ε) | | | |
| ` | 1802 | 900 | 1802 | 900 | Request for expedited of a design application | d examination | | | | |
| 1205 18 2205 9 **Reissue claims in excess of 20 and over original patent | Other fe | ee (specify) | | | | | | | | |
| SUBTOTAL (2) (\$) 0.00 | | () | | | · | | | | | |
| | * Reduce | ed by Basic Fi | iling Fee | Paid | | SUBTOTAL (3) | (\$) | | | |
| **Or number previously paid, if greater, For Reissues, see below | | | | | | | | | | |
| SUBMITTED BY | 1 - | f-4 := 4* | - A7- | | | Comp | lete (if applica | ble) | | |
| Name (Print/Type) Thomas M. Coester | | legistratio ltomey/Age | | 3 | 9,637 | Telephone | (310) 20 | 7-3800 | | |
| Signature Chomas Couste | <u> </u> | | | | - | Date | 08/10 | 0/04 | | |